February 28, 2018

**Important changes in Pre-Authorization requirements**

**Kaiser Permanente Washington’s Access PPO, Elect PPO or Omni PPO plans**

Dear Provider,

**Effective May 1, 2018** Kaiser Permanente Washington is changing our pre-authorization requirements for our Access PPO, Elect PPO or Omni PPO plans.

**What is changing?**

We are adding procedures to the list of services that require pre-authorization for our Access PPO, Elect PPO or Omni PPO plans. The list of all services that require pre-authorization is attached to this notice.

**What will I need to do differently for my patients with Kaiser Permanente Washington Access PPO, Elect PPO or Omni PPO coverage?**

If you are planning any of the following procedures for a Kaiser Permanente Washington Access PPO, Elect PPO or Omni PPO member, pre-authorization is required for claims payment:

- Tumor treating fields therapy
- Platelet rich plasma
- Repetitive transcranial magnetic stimulation (rTMS)
- Transcatheter aortic valve replacement (TAVR), Mitra-clip, left atrial appendage closure
- Panniculectomy
- Spinal decompression devices

Clinical criteria used to determine coverage for the above procedures is available at [http://kp.org/wa/provider](http://kp.org/wa/provider) under Referrals and Clinical Review – Clinical Review Criteria.

You can request authorization using one of the following methods:

- Use the Kaiser Permanente Washington provider web site (through One Health Port). You can send your request for authorization using our Referral Request tool. Using this method is easy and is the quickest way to obtain your authorization, sometimes immediately if your request is auto approved.
- Contact Kaiser Permanente Review Services at 1-800-289-1363.

Coverage determinations, once completed, will be available online using the Referral Status Inquiry application and will be mailed to the member.

Failure to obtain a pre-authorization for these services will result in a denial of payment.

Please refer to the provisions of your agreement with Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc., including obtaining the member's prior written agreement to be financially responsible for the specific non-covered service, to determine when providers may bill a member for non-covered services.
If you have any questions about these changes, please contact the Provider Assistance Unit toll-free at 1-888-767-4670.

Sincerely,

Dr. Marc Mora, MD
Senior Medical Director Networks and Care Management
Kaiser Permanente Washington
Preauthorization and notification requirements—2018
The following services require notification or preauthorization. Services that require preauthorization will be denied if preauthorization is not obtained. The following list does not include services that may be reviewed post service for medical necessity upon receipt of the claim. Claims reviewed for medical necessity may result in a denial.

Please contact Kaiser Permanente Member Services to verify coverage, preauthorization requirements, or medical necessity review.

Notification Required

- All inpatient admissions, including emergency admissions, planned admissions, mental health, and chemical dependency detox
- Home health care, including home infusion and home dialysis
- Hospice
- Long-term acute care admission
- Skilled nursing facility

Preauthorization Required—Durable Medical Equipment, Prosthetics, and Supplies

- Bone growth stimulators, electrical and ultrasonic
- Electrical stimulation devices
- Home oxygen
- Mobility assist devices, including wheelchairs and other high-end mobility equipment
- Negative pressure wound therapy pumps
- Oscillatory chest compression devices
- Prosthetic limbs
- Speech generating devices
- Tumor treating fields therapy

Preauthorization Required—Other Services

- Acupuncture, after 8 visits**
- All advanced imaging, including CT scan, MRI, PET scan, and tomography
- Applied behavioral analysis therapy
- Capsule endoscopy
- Cardiac telemetry
- Charged particle radiation therapy
- Chemical dependency residential admissions
- Clinical trials
- Elective air transport
- Electroconvulsive therapy
- Experimental and investigational services, including new technology
- Genetic testing including genetic panels, i.e. Cell-Free Fetal DNA testing, Fibrosis testing, BRCA or Lynch testing
- Hyperbaric oxygen
- Inpatient rehabilitation
- Manipulative therapy, after 8 visits*
- Neuropsychological testing
- Partial hospitalization, including mental health and chemical dependency
- Platelet rich plasma
- Repetitive transcranial magnetic stimulation (rTMS)
- Transgender services, when benefit is available
- Virtual colonoscopy
- Ventricular assist devices (VAD)

** Visit limits could be higher depending on plan.
Preauthorization Required—Surgery

- All transplants
- Autologous chondrocyte implantation and other cell-based treatments of focal articular cartilage lesions
- Blepharoplasty and brow ptosis repair
- Chemical peels, dermabrasion, microdermabrasion, and laser skin treatment
- Cochlear implant
- Cryosurgical ablation of breast tumors and lesions
- Deep brain stimulation
- Extracranial carotid angioplasty/stenting
- Gastric electrical stimulation
- Gastric reflux surgery
- Image-guided minimally invasive lumbar decompression for spinal stenosis
- Implantable bone conduction and bone anchored hearing aids
- Keratoprosthesis
- Meniscal allografts and collagen meniscus implants
- Obesity surgery, when benefit is available
- Occipital nerve stimulation
- Orthognathic surgery
- Panniculectomy
- Percutaneous neuromodulation therapy (PNT)
- Plugs for fistula repair
- Posterior tibial nerve stimulation for voiding dysfunction
- Radiofrequency ablation of tumors (RFA)
- Rhinoplasty
- Sacral nerve modulation/stimulation for pelvic floor dysfunction
- Spinal cord stimulation for treatment of pain
- Spinal decompression devices
- Spinal surgery, cervical fusion
- Spinal surgery, lumbar fusion
- Spinal surgery, percutaneous vertebroplasty and vertebral augmentation (such as kyphoplasty)
- Stereotactic radiosurgery and stereotactic body radiation therapy
- Surgeries for snoring, obstructive sleep apnea syndrome, and upper airway resistance syndrome in adults
- Temporomandibular joint (TMJ) surgical interventions
- Transanal endoscopic microsurgery (TEMS)
- Transcatheter aortic valve replacement (TAVR), Mitra-clip, left atrial appendage closure
- Reconstructive breast surgery/mastopexy, autologous fat grafting to the breast, and management of breast implants
- Reduction mammoplasty
- Vagus nerve stimulation
- Varicose vein treatment

Preauthorization Required—Office-Administered Injectable Drugs

See current list at [http://kp.org/wa/provider](http://kp.org/wa/provider) under Resources/Patient Care, then under Pharmacy. Once on the pharmacy page click on the ‘Injectable Drugs Requiring Prior Authorization’ link.

∞ Indicates new requirements for 2018

Coverage provided by Kaiser Foundation Health Plan of Options, Inc.

Provider Questions?
Call Kaiser Permanente Provider Assistance Unit toll-free at 1-888-767-4670.

Member Questions?
Call Member Services toll-free at 1-888-901-4636.